

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001183

FILED
Jan 21, 2009
Secretary of State

Entity Name: STRATEGIC WEALTH ACCUMULATION TEAM, L.L.C.

Current Principal Place of Business:

220 E. CENTRAL PKWY., #3040
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

220 E. CENTRAL PKWY., #3040
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3622084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLICK, JAMES J
3203 SOUTH CONWAY ROAD
SUITE 106
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLYNN, KAREN
Address: 6854 S. ATLANTIC AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM () Delete
Name: MESSETT, TIMOTHY L
Address: 6854 S. ATLANTIC AVE.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGRM () Delete
Name: FLICK, JAMES J
Address: 3203 SOUTH CONWAY ROAD, SUITE 106
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KAREN J. FLYNN

MGR

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date